



# National Institute on Drug Abuse (NIDA) Nevada Opioid Summary

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### **Nevada Opioid Summary**

### **Opioid-Involved Overdose Deaths**

In 2017, there were 412 overdose deaths involving opioids in Nevada—an age-adjusted rate of 13.3 deaths per 100,000 persons, dropping below the national rate—currently 14.6—for the first time since at least 1999. Since 2012, heroin-involved deaths more than doubled, from 45 to 94. Prescription opioid deaths peaked in 2010, at 369, and have been declining steadily since. Still, the highest number of deaths in 2017, 276, involved prescription opioids (Figure 1). Synthetic opioid other than methadone (predominantly fentanyl) were involved in 66 overdose deaths in 2017.

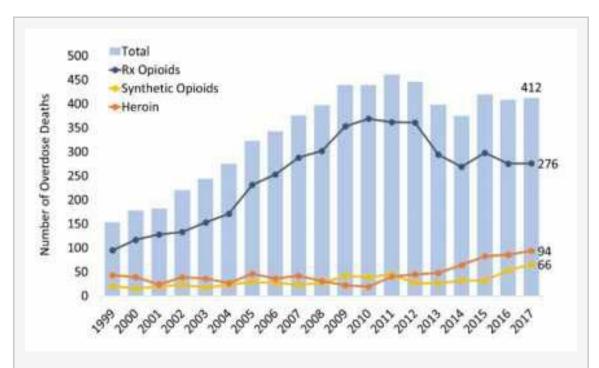


Figure 1. Number of overdose deaths involving opioids in Nevada, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

### **Opioid Pain Reliever Prescriptions**

In 2017, Nevada providers wrote 73.0 opioid prescriptions for every 100 persons (Figure 2), compared to the average U.S. rate of 58.7 prescriptions. This is the lowest rate in the state since 2006 when data became available (CDC).

The age-adjusted rate of deaths involving opioid prescriptions has been decreasing since 2010, dropping from an age-adjusted rate per 100,000 persons of 13.3 that year to 8.7 in 2017.

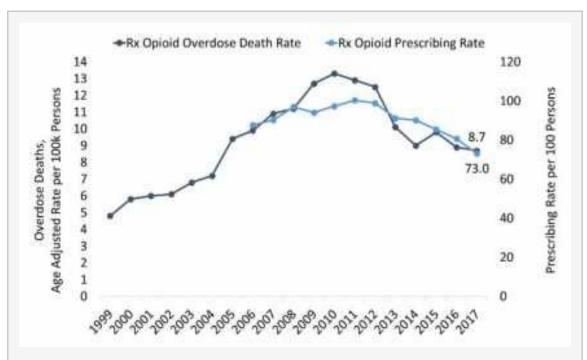


Figure 2. Nevada rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.

### **Neonatal Abstinence Syndrome (NAS)**

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices (CDC). As a result, there is variability in trends and in the rate reported by states. Cases of NAS/NOWS in Nevada have increased from 145 in 2011 to 293 in 2017–a rate per 1,000 hospital births of 4.1 to 8.3, respectively (Nevada Substance Abuse Prevention and Treatment Agency).

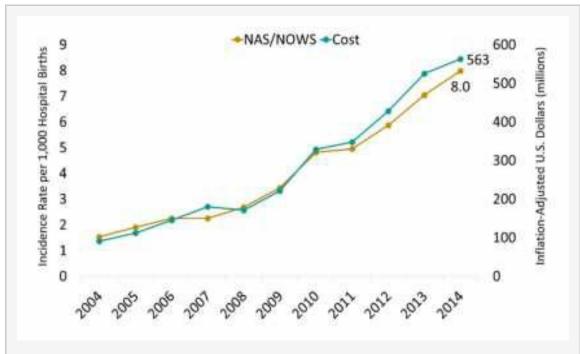


Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

## HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

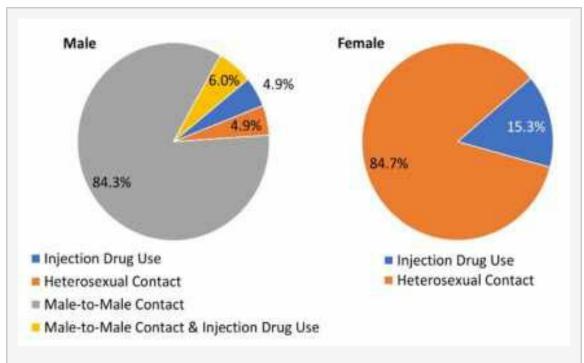


Figure 4. Nevada: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- U.S. Incidence: In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (CDC).
- **U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,4661) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).
- State Incidence: Of the new HIV cases in 2015, 525 occurred in Nevada. Among males, 10.9 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 15.3 percent of new cases were attributed to IDU (Figure 4) (AIDSVu).
- **State Prevalence:** In 2015, an estimated 8,906 persons were living with a diagnosed HIV infection in Nevada—a rate of 371 cases per 100,000 persons. Of those, 15.5 percent of male cases were

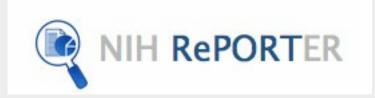
attributed to IDU or male-to-male contact and IDU. Among females, 21.8 percent were living with HIV attributed to IDU (AIDSVu).

### Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use<sup>1</sup>

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV<sup>2</sup> (<u>CDC</u>). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (<u>CDC</u>).
- **U.S. Prevalence**: An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (<u>CDC</u>).
- **State Incidence**: In 2016, there were 16 reported cases of acute HCV in Nevada (0.5 cases per 100,000)(CDC).
- **State Prevalence**: In Nevada, there are an estimated 22,200 persons living with Hepatitis C (2013-2016 annual average), a rate of 1,020 cases per 100,000 persons (<u>HepVu</u>).

#### **Additional Resources**

- Nevada Department of Health and Human Services, <u>Help Combat</u>
   Opioid Abuse
- Centers for Disease Control and Prevention, Opioid Overdose



FY2018 NIH-funded projects related to opioid use and use disorder in Nevada: 0

### Find treatment in Nevada (SAMHSA)

#### Notes

- 1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
- 2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.